## FEC FORM 5 REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees) including Qualified Managerit Corporations

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Co	rporations '品基 写
1. (a) Name of Individual, Organization or Corporation	
NEW YOME LEAGUE of Consenvation Votens	porations CENTER
(b) Address (number and street)	
30 BROAD STREET - 3074 PLAON	
(c) City, State and ZIP Code	FEC Identification Number
NEW YORK, NY 10004	
2. Corporate filers only  Is the filer a qualified nonprofit corporation?  Yes  No	C —
Individual filers only Name of Employer C	ccupation
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	•
July 15 Quarterly Report	
October 15 Quarterly Report	•
☐ January 31 Year-End Report ☐ 48-Hour Report	
b) Is this Report an amendment? Yes No D  5. COVERING PERIOD: FROM  D V 0 1 2 0 1 2  THROUGH	
06 30 2012	<u> </u>
6. TOTAL CONTRIBUTIONS	26,500, -
7. TOTAL INDEPENDENT EXPENDITURES	21/181.
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition herein were made by a corporation) I certify that the corporation is a qualified neeprofit serperation under the Commission's remainder.	ion. (if the independent expenditures reported
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
MARCIA BYSTAYN	11/30/13
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to	the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

CHEDULE 5-E EMIZED INDEPENDENT EXPENDITURES	PAGE   OF   FOR LINE 7 OF FORM 5
AME OF FILER (In Full)	, on the recipient
·	
New York League of Conscrvation Voters    Full Name (Last, First, Middle Initial) of Payee   Date	
Full Name (Last, First, Middle Initial) of Payee	Date /
Berlin Rosen  Mailing Address	ÖĞ ' 22 ' 2 Ŏ ĭ 2
15 Maiden Lane:	Amount
City State Zip Code	, 18,900.
New York NY 10038	
Purpose of Expenditure  Category/ Type O O H	Office Sought: House State: NY
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: 13
_	Check One: Support Oppose
Charles Rangel	Disbursement For:  Primary General
Calendar Year-To-Date Per Election   S 9 0 0	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Berlin Rosen	06'22'20'2
15 Maiden Lane	Amount
City State Zip Code  NOW YORK NY 10038	· , 2,468.—
Purpose of Expenditure	Office Sought: X House State: NY
News Paper AD Type 004	Senate District: 13
Name of Federal Candidate Supported or Opposed by Expenditure:	President
charles Rangel	Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2 1 3 68	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Berlin Rosen Mailing Address	06'25'20ï2
	Amount
City State Zip Code	
New York NY 10038	, ,813.—
Purpose of Expenditure Robo Calls Category/ Type 004	Office Sought: X House State: NY Senate District: 13
Name of Federal Candidate Supported or Opposed by Expenditure:	President  Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 22 81	Disbursement For:  Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	, 22,181.—
(b) SUBTOTAL of Uniternized Independent Expenditures	·· ▶ , , .
(c) TOTAL Independent Expenditures	, 22,181.—

## SCHEDULE 5-A ITEMIZED RECEIPTS

PAGE OF
1 1
any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
n Voters
Date of Receipt
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(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED **PREPARER**